DNTHLY & WEEKLY

FORM REVISED 06.06.2017

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 2 8 2020

SCOTT W. HASSELL JUDGE OF PROBATE

욧	SUMMARY FORM 1		Type of Report (check one)						
	Please Print in Ink or Type.				Mon'	hly	Amended Monthly		
Na	me of Candidate or Elected Official	Ballot	Affiliation	⊠ Wee	kly	Amended Weekly			
Ja	ckie Randall Vice (Randy)	Non Part	isa	an Eleg	For Monthly R Month for which	•	S		
Off	ice Sought or Held (include district or circuit number, if applicable)				report is filed.	1 1110			
	ty Council, Rainbow City, Place 2	_			For Weekly Re Date of Friday i		•		
	dress			_	week for which		8/28/2020		
City		Telephone Nu	mber	+	report is filed. Total Number	. •			
Ra	inbow City AL 35906	2563	284	406	Pages in Repo		6		
	ummary of activity since last filed report	filin =\							
1	Beginning balance (ending balance from previo	us ming)	-			1	\$246.78		
2a	Cash Contributions		2a		· · · · · · · · · · · · · · · · · · ·	1			
	<u> </u>				\$0.00				
2b			2b		\$0.00				
2c	L					2c	\$0.00		
	In-Kind Contributions					,			
3a	<u> </u>	3)	3a		\$0.00				
3b			3b		\$0.00				
3c	Total in-kind contributions (add lines 3a and 3b)		3с		\$0.00				
L	Receipts from Other Sources					ı			
4a	Itemized Receipts from Other Sources (total from	n Form 4)	4a		\$0.00				
4b	Non-itemized Receipts from Other Sources		4b		\$0.00				
4c	Total receipts from other sources (add lines 4a	and 4b)				4c	\$0.00		
	Expenditures								
5a	Itemized expenditures (total from Form 5)		5a		\$0.00				
5b	Non-itemized expenditures		5b						
5c	Total expenditures (add lines 5a and 5b)					5c	\$0.00		
	Expenditures on Line of Credit								
6a	Itemized expenditures (total from Form 6)		6a						
6b	Non-itemized expenditures		6b						
6c	Total expenditures on credit (add lines 6a and 6	Sb)	6c		\$0.00				
7	Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 50).	110,	**.	7.	7	\$246.78		
swe atta true	equired by the Alabama Fair Campaign Practices Act, I here ear or affirm to the best of my knowledge and belief that ched report(s) and the information contained herein and correct and that this information is a full and comp)	trie are are are	no to	. V. 1	ribed before me	0	day of day of My commission expires the year		
	ement of all contributions, expenditures, and other requirement of during the applicable period of time.	×2 0	Si.	OLLULA QUNotary Pub	L. Cele	_ 51	W		
Sign	pature of Candidate or Elected Official Date	oign		Pepea	L. CH	R	nap		

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jackie Randall Vice (Randy)



	ions from a single source exceed \$100.00, the FCPA requires all contrib O NOT LIST in-kind contributions or loans on this form. Use Forms 3 an						e to be itemized.	•
CONTRIBUTOR	ADDRESS	OF	CO	OURO NTRII ECK (BUTI	ON	DATE	AMOUNT
(INCLUDE FULL NAME)		Business or Corporation Individual PAC Other		Returned	CONTRIBUTION RECEIVED (mo./day/yr)	OF CONTRIBUTION		
	No Contributions this Week							
								
RM REVISED 10.27.2011 TOTAL CASH CONTRIBUTIONS THIS PAGE								

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official





When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION (CHECK ONE) SOURCE (CHECK ONE) CONTRIBUTOR AMOUNT ADDRESS DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo /day/yr.) NO IN KIND CONTRIBUTIONS **TOTAL IN-KIND CONTRIBUTIONS THIS PAGE** \$0.00 FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income (8)



NAME OF CANDIDATE OR ELECTED OFFICIAL: Jackie Randall Vice (Randy)

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.												
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		ECEI (CH	PT S				
SOURCE OF RECEIPT (INCLUDE FULL NAME)		Interest	Loan	Other	GUARANTORS [FOPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
NO RECEIPTS FROM OTHER SOURCES												
						L						
FORM REVISED 10.27.2011	ED 10 27.2011 TOTAL RECEIPTS THIS PAGE								\$0.00			

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jackie Randall Vice (Randy)

FORM REVISED 10.27.2011



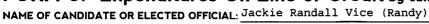
\$0.00

PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS DATE OF AMOUNT **ADDRESS** OTHER (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) OF EXPENDITURE EXPENDITURE RECEIVING EXPENDITURE GIVE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF EXPLANATION NO EXPENDITURES THIS WEEK NA **TOTAL EXPENDITURES THIS PAGE**

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 6: Expenditures On Line of Credit by candidate or elected official





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS AMOUNT** DATE OF OTHER (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) OF EXPENDITURE EXPENDITURE RECEIVING EXPENDITURE GIVE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF EXPLANATION NO LINE OF CREIT NΑ **TOTAL EXPENDITURES THIS PAGE** \$ 0.00 **FORM REVISED 5.19.2017**